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	According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):
Case Number: 814-71323-reg (If known)	<ul><li>☐ The presumption arises.</li><li>☑ The presumption does not arise.</li><li>☐ The presumption is temporarily inapplicable.</li></ul>

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS						
1A	<b>Disabled Veterans.</b> If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.						
	Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).						
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.						
12	Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.						
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.						
1C	Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard						
	a.   I was called to active duty after September 11, 2001, for a period of at least 90 days and  I remain on active duty /or/  I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;  OR						
	b. I am performing homeland defense activity for a period of at least 90 days /or/ I performed homeland defense activity for a period of at least 90 days, terminating on , which is less than 540 days before this bankruptcy case was filed.						

	Pa	art II. CALCULATION OF MONTHLY	Y INCOM	ME FOR § 707(b)(	7) E	XCLUSIO	N
2	<ul> <li>Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.</li> <li>a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.</li> <li>b. Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only Column A ("Debtor's Income") for Lines 3-11.</li> <li>c. Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</li> <li>d. Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</li> </ul>						
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.  Column A  Debtor's  Income						
3	Gross	s wages, salary, tips, bonuses, overtime, commiss	sions.			\$ 1,745.00	\$ 9,976.00
4	Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V.						
	a.	Gross receipts	\$				
	b.	Ordinary and necessary business expenses	\$	- 4			
L X	c.	Business income	Subtract l	Line b from Line a		\$	\$
	Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.						
5	a.	Gross receipts	\$				
	b,	Ordinary and necessary operating expenses	\$				
	c.	Rent and other real property income	Subtract	Line b from Line a		\$	\$
6	Inter	est, dividends and royalties.	v			\$	\$
7	Pensi	ion and retirement income.				\$	\$
8	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.						\$
9	Howe was a Colur	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:					
		mployment compensation claimed to benefit under the Social Security Act Debtor \$_		Spouse \$		\$	\$

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10	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.					
	a. \$					
	b. \$					
	Total and enter on Line 10		\$	\$		
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).					
12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.					
	Part III. APPLICATION OF § 707(b)(7) EX	CLUSION				
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.					
14	cize (This information is available by family size at www.usdoi.gov/ust/ or from the clerk of the					
	a. Enter debtor's state of residence: NY b. Enter debtor's household size: 3					
	Application of Section 707(b)(7). Check the applicable box and proceed as d	irected.				
15	The amount on Line 13 is less than or equal to the amount on Line 14. not arise" at the top of page 1 of this statement, and complete Part VIII; do	o not complete F	Parts IV, V, VI	or VII.		
	The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.					

## Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

16 Ente	r the amount from Line 12.			\$	11,721.00	
Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.						
			342.00	III		
a.	Husbands Credit Cards	\$	342.00			
a. b.	Husbands Credit Cards Business Expenses	\$	447.00			
		\$ \$				

19A	Nation inform number	nal Standards for Food, Clothing a		ards o	f the Inte		. (770.0)		
19A	Nation inform number	nal Standards for Food, Clothing a	d other items.		of the litte	rnal Revenue Se	rvice (IRS)		
	number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.						(This applicable	\$	1,234.00
19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out- of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out- of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.								
	Pers	Persons under 65 years of age Persons 65 years of age or older							
	al.	Allowance per person	60.00	a2.		per person			
	b1.	Number of persons	3	b2.	Number of	persons		•	
	cl.	Subtotal	180.00	c2.	Subtotal			\$	180.00
Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					\$	702.00			
Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.									
	a.	IRS Housing and Utilities Stand	dards; mortgage	e/renta	l expense	\$	2,448.00		
	b.	Average Monthly Payment for if any, as stated in Line 42	any debts secur	ed by	your home,	\$	2,434.00		
	c.	Net mortgage/rental expense				Subtract Line b fro	m Line a.	\$	14.00
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for								

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	an exp	Standards: transportation; vehicle operation/public transportations allowance in this category regardless of whether you pay the eless of whether you use public transportation.	tion expense. You are entitled to expenses of operating a vehicle and				
N.		the number of vehicles for which you pay the operating expenses of cluded as a contribution to your household expenses in Line 8.	r for which the operating expenses				
22A		1 Z 2 or more.					
	If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)						
22B	expens addition	Standards: transportation; additional public transportation exposes for a vehicle and also use public transportation, and you contend and deduction for your public transportation expenses, enter on Linut from IRS Local Standards: Transportation. (This amount is available of the bankruptcy court.)	I that you are entitled to an e 22B the "Public Transportation"	\$			
	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)  1 2 or more.						
23	Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. <b>Do not enter an amount less than zero.</b>						
	a.	IRS Transportation Standards, Ownership Costs	\$ 517.00				
	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$ 112.00				
l loc	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$	405.00		
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.						
	a.	IRS Transportation Standards, Ownership Costs	\$ 517.00				
	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$ 247.00				
	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$	270.00		
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self-employment						
26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly						
27	term l	Necessary Expenses: life insurance. Enter total average monthly ife insurance for yourself. Do not include premiums for insurance for any other form of insurance.	ee on your dependents, for whole	\$	106.00		
28	Other	Necessary Expenses: court-ordered payments. Enter the total need to pay pursuant to the order of a court or administrative agency, ents. Do not include payments on past due obligations included	such as spousal or child support	\$			

N.	Other	rm 22A) (Chapter 7) (04/13)  Necessary Expenses: education for employment or for a phy	ysically or mentally	challenged child.			
29	Enter the employ	the total average monthly amount that you actually expend for expent and for education that is required for a physically or ment public education providing similar services is available.	ducation that is a co	ndition of	\$		
30	Other childca payme	Necessary Expenses: childcare. Enter the total average month re—such as baby-sitting, day care, nursery and preschool. Do not.	ly amount that you a not include other e	actually expend on ducational	\$	816.00	
Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.							
Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.						100.00	
33	Total I	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.					
		Subpart B: Additional Living Exp	ense Deductions	S			
		Note: Do not include any expenses that you	have listed in L	ines 19-32			
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.						
	a.	Health Insurance	\$ 430.0				
34	b.	Disability Insurance	\$				
	c.	Health Savings Account	\$				
	Total and enter on Line 34						
	If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  \$						
35	month!	y expenses that you will continue to pay for the reasonable and , chronically ill, or disabled member of your household or mem to pay for such expenses.	necessary care and	support of an	\$		
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services						
Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that							
provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.  Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case truste with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.							

<sup>\*</sup>Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.						
40			ntributions. Enter the amount that you vents to a charitable organization as define			\$	140.00
41	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40						
	The William		Subpart C: Deductions for	Debt Payment			
<b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.							
42		Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?		
	a.	AHF/TFCU	CARS HONDA/JEEP	\$ 459.00	□ yes 🗹 no		
	b.	MTG	номе	\$ 2,434.00	☑ yes □ no		
	c.	LOAN	401(K)	\$ 117.00	□ yes 🗹 no		
				Total: Add Lines a, b and c.		\$	3,010.00
Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.							
43		Name of Creditor	Property Securing the Debt	1/60th of the C	Cure Amount		
	a.	MTG	HOME	\$	82.00		
	b <sub>x</sub>			\$			
	c.			\$			
				Total: Add Line	es a, b and c	\$	82.00
44	as pri	ority tax, child supp	n priority claims. Enter the total amount ort and alimony claims, for which you wurrent obligations, such as those set ou	vere liable at the time	II priority claims, su of your bankruptcy	ich , \$	

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and it	Chap	oter 13 administrative expenses. If you are eligible to file a case under chap wing chart, multiply the amount in line a by the amount in line b, and enter the					
	a.	Projected average monthly chapter 13 plan payment.	\$				
45	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	x				
	c.	Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b	\$			
46	Total	Deductions for Debt Payment. Enter the total of Lines 42 through 45.		\$ 3,092.00			
		Subpart D: Total Deductions from Incor	ne				
47	Total	of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 4	1, and 46.	\$ 11,031.00			
		Part VI. DETERMINATION OF § 707(b)(2) PRES	SUMPTION				
48	Ente	r the amount from Line 18 (Current monthly income for § 707(b)(2))		\$ 10,829.38			
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))						
50	Mon	thly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 a	nd enter the result	\$ -201.62			
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.						
		l presumption determination. Check the applicable box and proceed as dir					
	c	The amount on Line 51 is less than \$7,475*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.					
52	The amount set forth on Line 51 is more than \$12,475*. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.						
.4		he amount on Line 51 is at least \$7,475*, but not more than \$12,475*. Co 3 through 55).	omplete the remainder of Pa	art VI (Lines			
53	Ente	r the amount of your total non-priority unsecured debt		\$			
54	Thre	shold debt payment amount. Multiply the amount in Line 53 by the numbe	r 0.25 and enter the result.	\$			
		ndary presumption determination. Check the applicable box and proceed a					
55	t	The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.					
The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The pres arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also con VII.							
		Part VII: ADDITIONAL EXPENSE CLA	IMS				
	and v	<b>r Expenses.</b> List and describe any monthly expenses, not otherwise stated in velfare of you and your family and that you contend should be an additional one under § 707(b)(2)(A)(ii)(l). If necessary, list additional sources on a sepage monthly expense for each item. Total the expenses.	deduction from your curren	t monthly			
56		Expense Description	Monthly Amount				
	a.		\$				
	b.		\$				
	c.		\$				
		Total: Add Lines a, b and c	\$				

<sup>\*</sup>Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment,

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	Part VIII: VERIFICATION					
	I declare under penalty of perjury that the information pr both debtors must sign.)	ovided in this statement is true and correct. (If this is a joint case,				
57	Date:06/30/2014	Signature: /s/ Laurie R. Montalto (Debtor)				
	Date:	Signature:				

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